

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> 2202530.00124US1	
<b>Application Number</b> 10/576,981-Conf. #8112		<b>Filed</b> March 2, 2007	
<b>For</b> METHOD OF THERAPY			
<b>Art Unit</b> 1648		<b>Examiner</b> Z. Lucas	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60      \$      \$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230      \$      _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525      \$      _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820      \$      _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115      \$      _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0219</u> . I have enclosed a duplicate copy of this sheet.			
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,523</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
<u>/Ann-Louise Kerner, Ph.D./</u> Signature		<u>August 21, 2008</u> Date	
<u>Ann-Louise Kerner, Ph.D.</u> Typed or printed name		<u>(617) 526-6000</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			